



May 19, 2021

Mike Queensland  
Senate Chief Clerk  
State Capitol, B20 SE  
P.O. Box 7882  
Madison, WI 53703

Edward A. Blazel  
Assembly Chief Clerk  
Risser Justice Center  
17 West Main Street, Suite 401  
Madison, WI 53703

Dear Chief Clerk Queensland and Assembly Chief Clerk Blazel:

In compliance with 2009 Wisconsin Act 78, the Child Welfare Public Disclosure Act, please accept the attached summary reports prepared by the Department of Children and Families on May 14, 2021. The following report(s), by report identification number, are included with this cover letter:

- 90 Day Report for 210116DSP-June-1040
- 90 Day Report for 210123DSP-Milw-1043
- 90 Day Report for 210131DSP-Tayl-1044
- 90 Day Report for 210209DSP-Kewa-1046
- 90 Day DELAY Notification for 210208DSP-Shawn-1045

In accordance with Wisconsin Statutes section 48.981(7) (cr) 3.b., the Department is required to "transmit to... the appropriate standing committees of the legislature under s 13.172(3)" summary reports prepared by the Department concerning incidents of death or serious injury to a child that results from suspected abuse or neglect or incidents of egregious abuse or neglect of a child. The summary reports are also made available to the public on the Department's [public website](#).

Sincerely,

A handwritten signature in black ink that reads "Nadya Pérez-Reyes".

Nadya Pérez-Reyes  
Assistant Secretary

Attachments

cc: Governor Tony Evers

# 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Reports submitted to the Division of Safety and Permanence (DSP) that do not include all of the required information will be returned to the agency for proper completion. Do not identify individuals by name when completing this report. Individuals may be referenced by relationship or position; e.g., mother, father, child, sibling, physician, detective, etc.

**Case Tracking Number:** 210116DSP-June-1040      **Agency:** Juneau County Department of Human Services

**Child Information** (at time of incident)

Age: 2 years      Gender:  Female  Male

Race or Ethnicity: White/Caucasian

Special Needs: None

**Date of Incident:** 01/16/2021

**Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:**

On January 16, 2021, the agency received a report regarding a 2-year-old child brought to the hospital with multiple injuries. Medical professionals determined the injuries were non-accidental in nature. Law enforcement was contacted and initiated a criminal investigation. As a result of law enforcement's investigation, the child's father was criminally charged with Child Abuse – Intentionally Cause Harm. A criminal charge is merely an allegation and a defendant is presumed innocent until and unless proven guilty.

**Findings by agency, including maltreatment determination and material circumstances leading to incident:**

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of physical abuse to the child by his father. Medical professionals determined the injuries were non-accidental in nature. The agency deemed the child, along with a 16-month-old non-relative child, a 3-year-old non-relative child, and an 8-year-old non-relative child, unsafe. A Protective Plan was implemented while safety was assessed. Subsequently, the mother of the 2-year-old child, as well as the mother of the three non-relative children, was assessed as protective and the children remained in the home of their mothers. The case was closed upon the completion of the Initial Assessment.

Yes  No Criminal investigation pending or completed?

Yes  No Criminal charges filed? If yes, against whom? The child's father.

**Child's residence at the time of incident:**  In-home  Out-of-home care placement

Complete the appropriate following section (A. or B. based on the child's residence at the time of the incident).

**A. Children residing at home at the time of the incident:**

**Description of the child's family** (includes household members, noncustodial parent and other children that have visitation with the child and / or in the child's family home):

At the time of the incident, the child resided with his father, his father's significant other, and the father's significant other's 16-month-old child, 3-year-old child, and 8-year-old child. The child's mother had regular contact with him.

Yes  No **Statement of Services:** Were services under ch. 48 or ch. 938 being provided to the child, any member of the child's family or alleged maltreater at the time of the incident, including any referrals received by the agency or reports being investigated at time of incident?

**If "Yes", briefly describe the type of services, date(s) of last contact between agency and recipient(s) of those services, and the person(s) receiving those services:**

**Summary of all involvement in services as adults under ch. 48 or ch. 938 by child's parents or alleged maltreater in the previous five years:** (Does not include the current incident.)

On December 12, 2019, the agency screened-in a CPS Report alleging neglect to the child by his mother. An assessment was completed by the agency and the allegation of neglect was unsubstantiated. The case was closed upon completion of the initial assessment.

**Summary of actions taken by the agency under ch. 48, including any investigation of a report or referrals to services involving the child, any member of the child's family living in this household and the child's parents and alleged maltreater.** (Does not include the current incident.)

(Note: Screened out reports listed in this section may include only the date of the report, screening decision, and if a referral to services occurred at Access. Reports that do not constitute a reasonable suspicion of maltreatment or a reason to believe that the child is threatened with harm are not required to be screened in for an Initial Assessment, and no further action is required by the agency.)

On December 12, 2019, the agency screened-in a CPS Report alleging neglect to the child by his mother. An assessment was completed by the agency and the allegation of neglect was unsubstantiated. The case was closed upon completion of the initial assessment.

On September 1, 2019, the agency screened-out a Services Report.

On November 20, 2018, the agency screened-out a CPS Report.

On June 15, 2015, the agency screened-out a CPS Report.

**Summary of any investigation involving the child, any member of the child’s family and alleged maltreater conducted under ch. 48 and any services provided to the child and child’s family since the date of the incident:**

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of physical abuse to the child by his father. Medical professionals determined the injuries were non-accidental in nature. The agency deemed the child, along with a 16-month-old non-relative child, a 3-year-old non-relative child, and an 8-year-old non-relative child, unsafe. A Protective Plan was implemented while safety was assessed. Subsequently, the mother of the 2-year-old child, as well as the mother of the three non-relative children, was assessed as protective and the children remained in the home of their mothers. The case was closed upon the completion of the Initial Assessment.

**B. Children residing in out-of-home care (OHC) placement at time of incident:**

**Description of the OHC placement and basis for decision to place child there:**

N/A

**Description of all other persons residing in the OHC placement home:**

N/A

**Licensing history:** Including type of license, duration of license, summary of any violations by licensee or an employee of licensee or other actions that constitute a substantial failure to protect and promote the welfare of the child.

N/A

**Summary of any actions taken by agency in response to the incident: (Check all that apply.)**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Screening of Access report  | <input checked="" type="checkbox"/> Attempted or successful reunification                              |
| <input checked="" type="checkbox"/> Protective plan implemented                                       | <input type="checkbox"/> Referral to services  |
| <input checked="" type="checkbox"/> Initial assessment conducted                                      | <input type="checkbox"/> Transportation assistance   |
| <input type="checkbox"/> Safety plan implemented  | <input checked="" type="checkbox"/> Collaboration with law enforcement                                 |
| <input type="checkbox"/> Temporary physical custody of child  | <input checked="" type="checkbox"/> Collaboration with medical professionals                           |
| <input type="checkbox"/> Petitioned for court order / CHIPS (child in need of protection or services) | <input type="checkbox"/> Supervised visitation   |
| <input type="checkbox"/> Placement into foster home   | <input type="checkbox"/> Case remains open for services  |
| <input type="checkbox"/> Placement with relatives   | <input checked="" type="checkbox"/> Case closed by agency  |
| <input type="checkbox"/> Ongoing Services case management   | <input type="checkbox"/> Initiated efforts to address or enhance community collaboration on CA/N cases |
|   | <input type="checkbox"/> Other (describe):   |

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**FOR DSP COMPLETION IF RECORD OR ON-SITE REVIEW WAS UNDERTAKEN:**

**Summary of policy or practice changes to address issues identified based on the record or on-site review of the incident:**

N/A

**Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues based on the record or on-site review:**

N/A

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Yes  No  Not Applicable This 90-day summary report completes the Division of Safety and Permanence (DSP) action on this case.

If the case review was not completed within 90 days, the DSP will complete and submit the final summary report within 6 months.



# 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Reports submitted to the Division of Safety and Permanence (DSP) that do not include all of the required information will be returned to the agency for proper completion. Do not identify individuals by name when completing this report. Individuals may be referenced by relationship or position; e.g., mother, father, child, sibling, physician, detective, etc.

**Case Tracking Number:** 210123DSP-Milw-1043      **Agency:** Division of Milwaukee Child Protective Services

**Child Information** (at time of incident)

Age: 7 months      Gender:  Female  Male

Race or Ethnicity: Black/African American

Special Needs: N/A

**Date of Incident:** 01/23/21

**Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:**

On January 23, 2021, the agency received a report regarding a 7-month-old infant brought to the hospital with multiple injuries. Law enforcement was contacted and initiated a criminal investigation. Medical professionals determined the injuries were non-accidental in nature. As a result of law enforcement's investigation, the mother was criminally charged with Neglecting a Child (Consequence is Bodily Harm). A criminal case is merely an allegation and a defendant is presumed innocent until and unless proven guilty.

**Findings by agency, including maltreatment determination and material circumstances leading to incident:**

The agency collaborated with law enforcement and medical personnel to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of physical abuse to the 7-month-old infant by the mother. The agency deemed the infant unsafe and initiated a Protective Plan. Subsequently, the infant was taken into Temporary Physical Custody and placed with a relative. A Petition for Protection or Services was filed, and the case remained open to provide ongoing case management services.

Yes  No Criminal investigation pending or completed?

Yes  No Criminal charges filed? If yes, against whom? The infant's mother.

**Child's residence at the time of incident:**  In-home  Out-of-home care placement

Complete the appropriate following section (A. or B. based on the child's residence at the time of the incident).

**A. Children residing at home at the time of the incident:**

**Description of the child's family** (includes household members, noncustodial parent and other children that have visitation with the child and / or in the child's family home):

At the time of the incident, the infant resided with his mother and his maternal grandmother. The infant's father had intermittent visitation.

Yes  No **Statement of Services:** Were services under ch. 48 or ch. 938 being provided to the child, any member of the child's family or alleged maltreater at the time of the incident, including any referrals received by the agency or reports being investigated at time of incident?

**If "Yes", briefly describe the type of services, date(s) of last contact between agency and recipient(s) of those services, and the person(s) receiving those services:**

**Summary of all involvement in services as adults under ch. 48 or ch. 938 by child's parents or alleged maltreater in the previous five years:** (Does not include the current incident.)

None.

**Summary of actions taken by the agency under ch. 48, including any investigation of a report or referrals to services involving the child, any member of the child's family living in this household and the child's parents and alleged maltreater.** (Does not include the current incident.)

(Note: Screened out reports listed in this section may include only the date of the report, screening decision, and if a referral to services occurred at Access. Reports that do not constitute a reasonable suspicion of maltreatment or a reason to believe that the child is threatened with harm are not required to be screened in for an Initial Assessment, and no further action is required by the agency.)

None.

**Summary of any investigation involving the child, any member of the child's family and alleged maltreater conducted under ch. 48 and any services provided to the child and child's family since the date of the incident:**

The agency collaborated with law enforcement and medical personnel to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of physical abuse to the 7-month-old infant by the mother. The agency deemed the infant unsafe and initiated a Protective Plan. Subsequently, the infant was taken into Temporary Physical Custody and placed with a relative. A Petition for Protection or Services was filed, and the case remained open to provide ongoing case management services

**B. Children residing in out-of-home care (OHC) placement at time of incident:**

**Description of the OHC placement and basis for decision to place child there:**

N/A

**Description of all other persons residing in the OHC placement home:**

N/A

**Licensing history:** Including type of license, duration of license, summary of any violations by licensee or an employee of licensee or other actions that constitute a substantial failure to protect and promote the welfare of the child.

N/A

**Summary of any actions taken by agency in response to the incident:** (Check all that apply.)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Screening of Access report   | <input type="checkbox"/> Attempted or successful reunification   |
| <input checked="" type="checkbox"/> Protective plan implemented  | <input type="checkbox"/> Referral to services  |
| <input checked="" type="checkbox"/> Initial assessment conducted   | <input type="checkbox"/> Transportation assistance   |
| <input type="checkbox"/> Safety plan implemented   | <input checked="" type="checkbox"/> Collaboration with law enforcement                                 |
| <input checked="" type="checkbox"/> Temporary physical custody of child  | <input checked="" type="checkbox"/> Collaboration with medical professionals                           |
| <input checked="" type="checkbox"/> Petitioned for court order / CHIPS (child in need of protection or services) | <input checked="" type="checkbox"/> Supervised visitation  |
| <input type="checkbox"/> Placement into foster home  | <input checked="" type="checkbox"/> Case remains open for services                                     |
| <input checked="" type="checkbox"/> Placement with relatives   | <input type="checkbox"/> Case closed by agency   |
| <input type="checkbox"/> Ongoing Services case management  | <input type="checkbox"/> Initiated efforts to address or enhance community collaboration on CA/N cases |
|  | <input type="checkbox"/> Other (describe):   |

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**FOR DSP COMPLETION IF RECORD OR ON-SITE REVIEW WAS UNDERTAKEN:**

**Summary of policy or practice changes to address issues identified based on the record or on-site review of the incident:**

N/A

**Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues based on the record or on-site review:**

N/A

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Yes  No  Not Applicable This 90-day summary report completes the Division of Safety and Permanence (DSP) action on this case.

If the case review was not completed within 90 days, the DSP will complete and submit the final summary report within 6 months.

# 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Reports submitted to the Division of Safety and Permanence (DSP) that do not include all of the required information will be returned to the agency for proper completion. Do not identify individuals by name when completing this report. Individuals may be referenced by relationship or position; e.g., mother, father, child, sibling, physician, detective, etc.

**Case Tracking Number:** 210131DSP-Tayl-1044      **Agency:** Taylor County Human Services Department

**Child Information** (at time of incident)

Age: 1 month      Gender:  Female  Male

Race or Ethnicity: White/Caucasian

Special Needs: None

**Date of Incident:** 1/31/2021

**Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:**

On January 31, 2021, the agency received a report regarding a 1-month-old infant brought to the hospital with multiple injuries. Law enforcement was contacted and initiated a criminal investigation. Medical professionals determined the injuries were non-accidental in nature. As a result of the investigation, the child's father was criminally charged with Physical Abuse of a Child (Recklessly Causing Great Harm) and Neglecting a Child (Consequence is Great Bodily Harm). A criminal charge is merely an allegation and a defendant is presumed innocent until and unless proven guilty.

**Findings by agency, including maltreatment determination and material circumstances leading to incident:**

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found a preponderance of evidence to substantiate maltreatment of physical abuse to the infant by his father. Medical professionals determined the injuries were non-accidental in nature. The infant was deemed unsafe and taken into Temporary Physical Custody. Upon discharge from the hospital the infant was placed in the mother's care as she was assessed as protective. A Petition for Protection or Services was filed, and the case remained open to provide ongoing case management services.

Yes  No Criminal investigation pending or completed?

Yes  No Criminal charges filed? If yes, against whom? The infant's father.

**Child's residence at the time of incident:**  In-home  Out-of-home care placement

Complete the appropriate following section (A. or B. based on the child's residence at the time of the incident).

**A. Children residing at home at the time of the incident:**

**Description of the child's family** (includes household members, noncustodial parent and other children that have visitation with the child and / or in the child's family home):

At the time of the incident, the infant resided with his mother and father.

Yes  No **Statement of Services:** Were services under ch. 48 or ch. 938 being provided to the child, any member of the child's family or alleged maltreater at the time of the incident, including any referrals received by the agency or reports being investigated at time of incident?

**If "Yes", briefly describe the type of services, date(s) of last contact between agency and recipient(s) of those services, and the person(s) receiving those services:**

**Summary of all involvement in services as adults under ch. 48 or ch. 938 by child's parents or alleged maltreater in the previous five years:** (Does not include the current incident.)

None

**Summary of actions taken by the agency under ch. 48, including any investigation of a report or referrals to services involving the child, any member of the child's family living in this household and the child's parents and alleged maltreater.** (Does not include the current incident.)

(Note: Screened out reports listed in this section may include only the date of the report, screening decision, and if a referral to services occurred at Access. Reports that do not constitute a reasonable suspicion of maltreatment or a reason to believe that the child is threatened with harm are not required to be screened in for an Initial Assessment, and no further action is required by the agency.)

On January 18, 2021, the agency screened-out a CPS Report.

On January 18, 2021, the agency screened-out a Services Report.

**Summary of any investigation involving the child, any member of the child's family and alleged maltreater conducted under ch. 48 and any services provided to the child and child's family since the date of the incident:**

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found a preponderance of evidence to substantiate maltreatment of physical abuse to the infant by his father. Medical professionals determined the injuries were non-accidental in nature. The infant was deemed unsafe and taken into Temporary Physical Custody. Upon discharge from the hospital the infant was placed in the mother's care as she was assessed as protective. A Petition for Protection or Services was filed, and the case remained open to provide ongoing case management services.

**B. Children residing in out-of-home care (OHC) placement at time of incident:**

**Description of the OHC placement and basis for decision to place child there:**

N/A

**Description of all other persons residing in the OHC placement home:**

N/A

**Licensing history:** Including type of license, duration of license, summary of any violations by licensee or an employee of licensee or other actions that constitute a substantial failure to protect and promote the welfare of the child.

N/A

**Summary of any actions taken by agency in response to the incident:** (Check all that apply.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Screening of Access report   | <input checked="" type="checkbox"/> Attempted or successful reunification   |
| <input type="checkbox"/> Protective plan implemented   | <input checked="" type="checkbox"/> Referral to services  |
| <input checked="" type="checkbox"/> Initial assessment conducted   | <input type="checkbox"/> Transportation assistance  |
| <input type="checkbox"/> Safety plan implemented   | <input checked="" type="checkbox"/> Collaboration with law enforcement  |
| <input checked="" type="checkbox"/> Temporary physical custody of child  | <input checked="" type="checkbox"/> Collaboration with medical professionals                                      |
| <input checked="" type="checkbox"/> Petitioned for court order / CHIPS (child in need of protection or services) | <input type="checkbox"/> Supervised visitation  |
| <input type="checkbox"/> Placement into foster home  | <input checked="" type="checkbox"/> Case remains open for services  |
| <input type="checkbox"/> Placement with relatives  | <input type="checkbox"/> Case closed by agency  |
| <input checked="" type="checkbox"/> Ongoing Services case management   | <input checked="" type="checkbox"/> Initiated efforts to address or enhance community collaboration on CA/N cases |
|  | <input type="checkbox"/> Other (describe):  |

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**FOR DSP COMPLETION IF RECORD OR ON-SITE REVIEW WAS UNDERTAKEN:**

**Summary of policy or practice changes to address issues identified based on the record or on-site review of the incident:**

N/A

**Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues based on the record or on-site review:**

N/A

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Yes  No  Not Applicable This 90-day summary report completes the Division of Safety and Permanence (DSP) action on this case.

If the case review was not completed within 90 days, the DSP will complete and submit the final summary report within 6 months.



## **NOTICE OF DELAYED POSTING**

### **90-Day Summary Report for Child Death, Serious Injury or Egregious Incident Case #210208DSP-Shawn-1045**

The Wisconsin Department of Children and Families, as required by 2009 Wisconsin Act 78 (Section 49.981(7)(cr), Stats.), makes available to the public, a 90-day summary report for cases involving child death, serious injury, and egregious incidents involving abuse or neglect. Under these statutory provisions, the posting of information which potentially interferes with or jeopardizes the integrity of an investigation or trial is exempt from the public disclosure requirement.

The Department has determined that releasing the summary report would jeopardize an ongoing criminal proceeding, and is delaying posting as provided under Wis. Stat. § 48.981(7)(cr)7. The Department will release the 90-day summary once the investigation and/or trial has been concluded.

# 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Reports submitted to the Division of Safety and Permanence (DSP) that do not include all of the required information will be returned to the agency for proper completion. Do not identify individuals by name when completing this report. Individuals may be referenced by relationship or position; e.g., mother, father, child, sibling, physician, detective, etc.

**Case Tracking Number:** 210209DSP-Kewa-1046      **Agency:** Kewaunee County Department of Human Services

**Child Information** (at time of incident)

Age: 7 months      Gender:  Female    Male

Race or Ethnicity: White, American Indian/Alaskan Native

Special Needs: None

**Date of Incident:** 02/09/21

**Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:**

On February 9, 2021, the agency received a report regarding a 7-month-old infant pronounced deceased at the hospital. Law enforcement was contacted and initiated a criminal investigation. The Medical Examiner determined the infant's death to be accidental. As a result of law enforcement's investigation, the child's mother was criminally charged with Neglect of a Child Resulting in Death. A criminal charge is merely an allegation and a defendant is presumed innocent until and unless proven guilty.

**Findings by agency, including maltreatment determination and material circumstances leading to incident:**

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of neglect to the infant by the infant's mother. The Medical Examiner determined the infant's death to be accidental. The infant's 2-year-old brother was deemed unsafe, taken into Temporary Physical Custody, and placed with a relative. A Petition for Protection or Services was filed, and the case remained open to provide ongoing case management services.

Yes    No   Criminal investigation pending or completed?

Yes    No   Criminal charges filed? If yes, against whom? The infant's mother

**Child's residence at the time of incident:**    In-home    Out-of-home care placement

Complete the appropriate following section (A. or B. based on the child's residence at the time of the incident).

**A. Children residing at home at the time of the incident:**

**Description of the child's family** (includes household members, noncustodial parent and other children that have visitation with the child and / or in the child's family home):

At the time of the incident, the infant resided with her mother, her father, and her 2-year-old brother.

Yes    No   **Statement of Services:** Were services under ch. 48 or ch. 938 being provided to the child, any member of the child's family or alleged maltreater at the time of the incident, including any referrals received by the agency or reports being investigated at time of incident?

**If "Yes", briefly describe the type of services, date(s) of last contact between agency and recipient(s) of those services, and the person(s) receiving those services:**

N/A

**Summary of all involvement in services as adults under ch. 48 or ch. 938 by child's parents or alleged maltreater in the previous five years:** (Does not include the current incident.)

On October 19, 2020, the agency screened in a Services Report. The family was referred to community services.

**Summary of actions taken by the agency under ch. 48, including any investigation of a report or referrals to services involving the child, any member of the child's family living in this household and the child's parents and alleged maltreater.** (Does not include the current incident.)

(Note: Screened out reports listed in this section may include only the date of the report, screening decision, and if a referral to services occurred at Access. Reports that do not constitute a reasonable suspicion of maltreatment or a reason to believe that the child is threatened with harm are not required to be screened in for an Initial Assessment, and no further action is required by the agency.)

On November 20, 2020, the agency screened out a CPS Report.

On October 19, 2020, the agency screened in a Services Report. The family was referred to community services.

On September 8, 2020, the agency screened out a Services Report.

On May 1, 2020, the agency screened out a CPS Report.

**Summary of any investigation involving the child, any member of the child’s family and alleged maltreater conducted under ch. 48 and any services provided to the child and child’s family since the date of the incident:**

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of neglect to the infant by the infant’s mother. The Medical Examiner determined the infant’s death to be accidental. The infant’s 2-year-old brother was deemed unsafe, taken into Temporary Physical Custody, and placed with a relative. A Petition for Protection or Services was filed, and the case remained open to provide ongoing case management services.

**B. Children residing in out-of-home care (OHC) placement at time of incident:**

**Description of the OHC placement and basis for decision to place child there:**

N/A

**Description of all other persons residing in the OHC placement home:**

N/A

**Licensing history:** Including type of license, duration of license, summary of any violations by licensee or an employee of licensee or other actions that constitute a substantial failure to protect and promote the welfare of the child.

N/A

**Summary of any actions taken by agency in response to the incident:** (Check all that apply.)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Screening of Access report   | <input type="checkbox"/> Attempted or successful reunification   |
| <input type="checkbox"/> Protective plan implemented   | <input checked="" type="checkbox"/> Referral to services   |
| <input checked="" type="checkbox"/> Initial assessment conducted   | <input checked="" type="checkbox"/> Transportation assistance  |
| <input checked="" type="checkbox"/> Safety plan implemented  | <input checked="" type="checkbox"/> Collaboration with law enforcement                                 |
| <input checked="" type="checkbox"/> Temporary physical custody of child  | <input checked="" type="checkbox"/> Collaboration with medical professionals                           |
| <input checked="" type="checkbox"/> Petitioned for court order / CHIPS (child in need of protection or services) | <input checked="" type="checkbox"/> Supervised visitation  |
| <input type="checkbox"/> Placement into foster home  | <input checked="" type="checkbox"/> Case remains open for services                                     |
| <input checked="" type="checkbox"/> Placement with relatives   | <input type="checkbox"/> Case closed by agency   |
| <input checked="" type="checkbox"/> Ongoing Services case management   | <input type="checkbox"/> Initiated efforts to address or enhance community collaboration on CA/N cases |
|  | <input type="checkbox"/> Other (describe):   |

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**FOR DSP COMPLETION IF RECORD OR ON-SITE REVIEW WAS UNDERTAKEN:**

**Summary of policy or practice changes to address issues identified based on the record or on-site review of the incident:**

N/A

**Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues based on the record or on-site review:**

N/A

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Yes  No  Not Applicable This 90-day summary report completes the Division of Safety and Permanence (DSP) action on this case.

If the case review was not completed within 90 days, the DSP will complete and submit the final summary report within 6 months.